

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: VT**  
**APPLICATION YEAR: 2006**

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- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDULICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
  - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)
- [NEW STATE PERFORMANCE AND OUTCOME MEASURES FOR NEW NEEDS ASSESSMENT PERIOD](#)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2005</b>	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: <b>Vermont Department of Health</b>		Organizational Unit: <b>Division of Health Improvement</b>	
Address (give city, county, state and zip code) <b>PO Box 70</b>  <b>Burlington, VT 05402</b> County: <b>USA</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Sarah W. Kerschner</b> Tel Number: <b>802-865-7707</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000274</div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality              J. Private University D. Township                 K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality        M. Profit Organization G. Special District        N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award   B. Decrease Award   C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">93</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">994</div> TITLE: <b>Maternal and Child Health Services Block Grant</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>MCH Title V Block Grant</b>	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>State of Vermont</b>			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: <b>10/01/2005</b>	Ending Date: <b>09/30/2006</b>	a. Applicant <b>Vermont</b>	b. Project <b>Vermont</b>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>1,742,951.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>1,474,306.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>3,217,257.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative <b>Paul Jarris, MD</b>		b. Title <b>Commissioner of Health</b>	c. Telephone Number <b>802-863-7280</b>
d. Signature of Authorized Representative		e. Date Signed	

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2006**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: VT**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,742,951

A.Preventive and primary care for children:

\$ 733,287 ( 42.07 %)

B.Children with special health care needs:

\$ 825,032 ( 47.34 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 34,191 ( 1.96 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 1,474,306

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 167,093

\$ 1,474,306

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 3,217,257

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 270,608

b. SSDI: \$ 69,200

c. CISS: \$ 100,000

d. Abstinence Education: \$ 70,615

e. Healthy Start: \$ 0

f. EMSC: \$ 100,000

g. WIC: \$ 10,603,000

h. AIDS: \$ 1,494,041

i. CDC: \$ 1,476,177

j. Education: \$ 0

k. Other:

Family Planning \$ 857,748

Medicaid \$ 10,597,270

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 25,638,659

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 28,855,916

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: VT**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 1,749,423	\$ 1,742,951	\$ 1,758,989	\$ 0	\$ 1,742,951	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,521,266	\$ 1,542,989	\$ 1,520,585	\$ 0	\$ 1,474,306	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 3,270,689	\$ 3,285,940	\$ 3,279,574	\$ 0	\$ 3,217,257	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 26,152,533	\$ 30,644,172	\$ 26,527,631	\$ 0	\$ 25,638,659	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 29,423,222	\$ 33,930,112	\$ 29,807,205	\$ 0	\$ 28,855,916	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: VT**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 1,732,529	\$ 1,730,547	\$ 1,730,547	\$ 1,749,423	\$ 1,749,423	\$ 1,749,423
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,697,344	\$ 1,669,421	\$ 1,680,535	\$ 1,521,266	\$ 1,743,359	\$ 1,562,859
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 3,429,873	\$ 3,399,968	\$ 3,411,082	\$ 3,270,689	\$ 3,492,782	\$ 3,312,282
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 21,200,403	\$ 22,700,410	\$ 22,652,204	\$ 26,721,457	\$ 24,660,231	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 24,630,276	\$ 26,100,378	\$ 26,063,286	\$ 29,992,146	\$ 28,153,013	\$ 3,312,282
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
State funds needed for over-match were less than budgeted because Vermont was able to charge more treatment costs to Medicaid than anticipated.
2. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Variances of expenditures from budgeted occur due to a variety of program-specific factors.
3. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
The difference between "budgeted" and actual FY04 Other Federal Funds is primarily due to larger-than-expected Medicaid receipts. In addition, there were also unbudgeted increases in WIC, AIDS Prevention and Immunization grants.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: VT**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 22,892	\$ 18,989	\$ 14,629	\$ 0	\$ 27,209	\$ 0
b. Infants < 1 year old	\$ 13,192	\$ 252,004	\$ 204,827	\$ 0	\$ 250,484	\$ 0
c. Children 1 to 22 years old	\$ 1,293,745	\$ 1,458,382	\$ 1,033,067	\$ 0	\$ 1,353,551	\$ 0
d. Children with Special Healthcare Needs	\$ 1,900,519	\$ 1,482,676	\$ 1,940,097	\$ 0	\$ 1,522,901	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 40,341	\$ 73,889	\$ 86,954	\$ 0	\$ 63,112	\$ 0
g. SUBTOTAL	\$ 3,270,689	\$ 3,285,940	\$ 3,279,574	\$ 0	\$ 3,217,257	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 99,910		\$ 270,608	
b. SSDI	\$ 68,290		\$ 100,239		\$ 69,200	
c. CISS	\$ 68,290		\$ 27,849		\$ 100,000	
d. Abstinence Education	\$ 34,484		\$ 36,676		\$ 70,615	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 144,594		\$ 100,000		\$ 100,000	
g. WIC	\$ 10,150,300		\$ 10,700,000		\$ 10,603,000	
h. AIDS	\$ 1,211,560		\$ 1,540,547		\$ 1,494,041	
i. CDC	\$ 1,291,052		\$ 1,517,833		\$ 1,476,177	
j. Education	\$ 2,278,700		\$ 0		\$ 0	
k. Other						
Family Planning	\$ 824,408		\$ 836,307		\$ 857,748	
Medicaid	\$ 10,080,855		\$ 11,568,270		\$ 10,597,270	
<b>III. SUBTOTAL</b>	\$ 26,152,533		\$ 26,527,631		\$ 25,638,659	



**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: VT**

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 51,270	\$ 82,158	\$ 85,241	\$ 59,543	\$ 63,586	\$ 15,510
b. Infants < 1 year old	\$ 232,924	\$ 171,499	\$ 133,883	\$ 202,803	\$ 156,308	\$ 200,957
c. Children 1 to 22 years old	\$ 1,346,621	\$ 1,194,692	\$ 1,287,113	\$ 1,043,912	\$ 1,187,660	\$ 1,542,410
d. Children with Special Healthcare Needs	\$ 1,641,821	\$ 1,810,484	\$ 1,745,452	\$ 1,902,193	\$ 2,007,873	\$ 1,502,423
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 157,237	\$ 141,135	\$ 159,393	\$ 62,239	\$ 77,355	\$ 50,982
g. SUBTOTAL	\$ 3,429,873	\$ 3,399,968	\$ 3,411,082	\$ 3,270,690	\$ 3,492,782	\$ 3,312,282
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 75,090	
c. CISS	\$ 50,000		\$ 100,000		\$ 69,088	
d. Abstinence Education	\$ 17,464		\$ 69,855		\$ 60,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 100,000		\$ 100,000		\$ 141,675	
g. WIC	\$ 9,060,000		\$ 9,165,000		\$ 9,976,490	
h. AIDS	\$ 1,224,000		\$ 1,385,400		\$ 1,251,134	
i. CDC	\$ 620,798		\$ 748,100		\$ 660,000	
j. Education	\$ 1,972,399		\$ 1,972,400		\$ 2,272,939	
k. Other						
Family Planning	\$ 804,800		\$ 626,620		\$ 757,146	
Medicaid	\$ 7,250,942		\$ 8,234,829		\$ 9,396,669	
MCH Newborn Hearing	\$ 0		\$ 150,000		\$ 0	
<b>III. SUBTOTAL</b>	\$ 21,200,403		\$ 22,652,204		\$ 24,660,231	

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Title V expenditures were less than anticipated due to higher use of Medicaid.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Actual expenditures were about \$4,000 less than anticipated, primarily because more staff time was charged to Medicaid-funded service programs for this same population.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Title V expenditures were lower than anticipated due to higher use of Medicaid.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
There is a large variance between 2004 "budgeted" and actual expenditures for infants because of an error in calculating the budgeted amount. The budget is estimated based on the prior year's actual experience to date. At the time that the budget was calculated, none of the grant payments to service providers for the prior year had been processed because these service providers are commonly late in submitting invoices. As a result, the 2004 budget was based on an inadequate basis of actual expenditures without adjustment for these anticipated grant payments.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Expenditures for Children were higher than anticipated because Vermont included costs of smoking prevention and cessation programs for adolescents in 2003 for the first time.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
The difference between the 2004 budgeted amount and the 2004 actual is due to the inclusion of two types actual expenditures that were also reported for other years but which were not included in the preparation of the '04 budget. Those types of costs are: payments for media costs targeted at adolescent cigarette smoking, and a proportionate share of MCH planning activities. Without the inclusion of these expenditures, the actual vs budget variance would have been less than \$10,000.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNEExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Title V costs for CSHCN were lower than anticipated because more of the program costs were billed to Medicaid.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNEExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Title V expenditures for CSHCN were less than budgeted primarily because a larger share of these costs were charged to Medicaid rather than Title V.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Administrative costs were lower than anticipated due to a lower indirect charges for the statewide cost pool, primarily because fewer costs of state-owned buildings are included in the cost pool.
- 10. Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
The actual costs of "administration" were larger than budgeted due to the way the 2004 costs for Statewide administrative services (buildings, etc.) were distributed to the Health Department.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: VT**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 800,177	\$ 1,134,358	\$ 759,760	\$ 0	\$ 1,017,971	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,386,277	\$ 1,126,609	\$ 1,127,436	\$ 0	\$ 1,044,970	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 440,490	\$ 464,469	\$ 877,672	\$ 0	\$ 553,454	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 643,745	\$ 560,504	\$ 514,706	\$ 0	\$ 600,862	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,270,689	\$ 3,285,940	\$ 3,279,574	\$ 0	\$ 3,217,257	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: VT**

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,296,281	\$ 1,333,606	\$ 1,310,112	\$ 1,123,588	\$ 1,293,117	\$ 1,127,763
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,188,050	\$ 1,150,867	\$ 1,129,719	\$ 1,228,958	\$ 1,182,043	\$ 1,085,966
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 488,961	\$ 434,367	\$ 505,193	\$ 470,185	\$ 438,341	\$ 530,639
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 456,581	\$ 481,128	\$ 466,058	\$ 448,293	\$ 579,281	\$ 567,914
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,429,873	\$ 3,399,968	\$ 3,411,082	\$ 3,271,024	\$ 3,492,782	\$ 3,312,282

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Title V costs for direct health services were reduced by increased charges to Medicaid.
2. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
The very large variance between "budgeted" and "expended" is due to using an extremely low target as the budgeted amount. Actual 2004 expenditures are, in fact, surprisingly close to the 2003 and the 2002 expended (<1% variance). The 2004 budgeted amount clearly is an overly optimistic anomaly, as is the 2005 budgeted amount.
3. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Actual expenditures for Direct Health Care Services were much higher than the budgeted amount, due to an unrealistically low budget target. As a result, the distribution of overhead costs to the other three types of service was lower than budgeted.
4. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
In FFY03, Vermont included in the Title V program report certain smoking prevention, counter-marketing, and cessation activities that are specifically targetted at adolescents. Although some of these expenditures are direct medical care (smoking cessation), other activities are population-based and are reported here.
5. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2004  
**Field Note:**  
Actual expenditures for Direct Health Care Services were much higher than the budgeted amount, due to an unrealistically low budget target. As a result, the distribution of overhead costs to the other three types of service was lower than budgeted.

<b>FORM 6</b>						
<b>NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED</b>						
<small>Sect. 506(a)(2)(B)(iii)</small>						
<b>STATE: VT</b>						
Total Births by Occurrence: <u>6,260</u>				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	<u>6,202</u>	<u>99.1</u>	<u>3</u>	<u>0</u>	<u>0</u>	
Congenital Hypothyroidism	<u>6,202</u>	<u>99.1</u>	<u>77</u>	<u>3</u>	<u>3</u>	<u>100</u>
Galactosemia	<u>6,202</u>	<u>99.1</u>	<u>4</u>	<u>1</u>	<u>1</u>	<u>100</u>
Sickle Cell Disease	<u>6,202</u>	<u>99.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	<u>6,202</u>	<u>99.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Congenital Adrenal Hyperplasia	<u>6,202</u>	<u>99.1</u>	<u>7</u>	<u>0</u>	<u>0</u>	
Homocystinuria	<u>6,202</u>	<u>99.1</u>	<u>3</u>	<u>0</u>	<u>0</u>	
MCAD	<u>6,202</u>	<u>99.1</u>	<u>2</u>	<u>0</u>	<u>0</u>	
Sickle Cell Trait	<u>6,202</u>	<u>99.1</u>	<u>12</u>	<u>12</u>	<u>0</u>	<u>0</u>
Other Hemoglobinopathies	<u>6,202</u>	<u>99.1</u>	<u>39</u>	<u>39</u>	<u>0</u>	<u>0</u>
beta-ketothiolase deficiency	<u>6,202</u>	<u>99.1</u>	<u>1</u>	<u>0</u>	<u>0</u>	
msud	<u>6,202</u>	<u>99.1</u>	<u>5</u>	<u>0</u>	<u>0</u>	
glutaric acidemia I	<u>6,202</u>	<u>99.1</u>	<u>0</u>	<u>0</u>	<u>0</u>	
tyrosinemia I	<u>6,202</u>	<u>99.1</u>	<u>2</u>	<u>0</u>	<u>0</u>	
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** SickCellDisease\_Presumptive  
**Row Name:** SickCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2006  
**Field Note:**  
There were no positive screens for sickle cell disease.
2. **Section Number:** Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2006  
**Field Note:**  
there were no positive screens, and therefore no cases, of sickle cell disease; both = zero.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: VT**

**Reporting Year: 2003**

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,078	95.0	0.0	5.0		
Infants < 1 year old	2,306	95.0	0.0	5.0		
Children 1 to 22 years old	1,278	95.0	0.0	5.0		
Children with Special Healthcare Needs	4,457	78.0	0.0	14.0	9.0	
Others						
<b>TOTAL</b>	<b>10,119</b>					



## FORM NOTES FOR FORM 7

CSHCN: 78% are enrolled in Medicaid, however 62% of these are "Medicaid only" and 16% have Medicaid with another type of private insurance. There were no children served in the category of "others"

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
The number for Total Served Infants for Title V as stated in Form 7 reflects those infants who were served by a Title V related program such as HBKF or WIC. The number of Occurent Births in Form 6 reflects those infants served via the Newborn Screening Program - the services to these infants are not directly related to a Title V-funded program, although there is collaboration and support between the two systems. Thus, the numbers in Form 6 are not within the ten percent value as suggested by TVIS.
2. **Section Number:** Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
Total is 101% due to rounding of numbers.
3. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2006  
**Field Note:**  
There are no Title V clients in this category.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: VT**

Reporting Year: 2003

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	6,464	6,276	51	8	26	86	0	17
Title V Served	2,078	2,078						
Eligible for Title XIX	2,368	2,368						
<b>INFANTS</b>								
Total Infants in State	6,589	6,289	126	20	31	108	0	15
Title V Served	2,306	2,306						
Eligible for Title XIX	3,869	3,869						

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	6,351	56	57	23	2	13	8	10
Title V Served	2,078							
Eligible for Title XIX	2,368							
<b>INFANTS</b>								
Total Infants in State	6,474	57	58	24	2	13	8	10
Title V Served	2,306							
Eligible for Title XIX	3,869							

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race

**Field Name:** DeliveriesTitleV\_All

**Row Name:** Title V Served

**Column Name:** Total All Races

**Year:** 2006

**Field Note:**

This number is not within the ten percent variance with Form 7 - total served for infants under one year - reflecting the beginning of the transfer of HBKF clients to the Dept of Children and Families.

2. **Section Number:** I. Unduplicated Count By Race

**Field Name:** InfantsTotal\_All

**Row Name:** Total Infants in State

**Column Name:** Total All Races

**Year:** 2006

**Field Note:**

This number reflects the begining transfer of clients to HBKF to DCF

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: VT**

	<b>FY 2006</b>	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 649-HELP	(800) 649-HELP	(800) 649-HELP	(800) 649-HELP	(800) 649-HELP
2. State MCH Toll-Free "Hotline" Name	Help Your Baby; Help Yourself Hotline	Help Your Baby; Help Yourself Hotline	Help Your Baby; Help Yourself Hotline	Help Your Baby; Help Yourself Hotline	Help Your Baby; Help Yourself Hotline
3. Name of Contact Person for State MCH "Hotline"	Melissa Cronin	Susan Shepard	Brenda Hudson	Marlene Mueller	Marlene Mueller
4. Contact Person's Telephone Number	(802) 863-7333	(802) 652-4174	(802) 241-3118	(802) 241-2249	(802) 241-2249
5. Number of calls received on the State MCH "Hotline" this reporting period	0		180	150	3,380

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: VT**

	<b>FY 2006</b>	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2006**  
*[SEC. 506(A)(1)]*  
**STATE: VT**

1. State MCH Administration:  
(max 2500 characters)

Title V is administered by the Vermont Department of Health, within the state Agency of Human Services. Services within Title V's administrative control include: Direct services (multidisciplinary clinic-based services to CSHN of all ages; immunization services for children without strong access to preventative health care; collaboration with Healthy Babies, Kids, and Families for care coordination and services for pregnant women and young children, Enabling services: outreach, information and referral, and administrative case management for children enrolled in Medicaid; nursing, social work care coordination, and respite care for CSHN; Medicaid prior authorization of certain medical and dental services; (in collaboration with Medicaid and managed care); primary care medical home support; interagency and community-based health care system planning; and cultural competency training.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,742,951
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,474,306
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 3,217,257</b>

9. Most significant providers receiving MCH funds:

Fletcher Allen Health Care
University of Vermont
Parent to Parent
Addison County Parent Child Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,078
b. Infants < 1 year old	2,306
c. Children 1 to 22 years old	1,278
d. CSHCN	4,457
e. Others	

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Vermont's CSHCN Program continues to provide direct services at sites accessible to the entire state. The services are multidisciplinary specialty medical clinics and include the support of wraparound teams, typically nurse and medical social workers. The CSHCN programs also have a substantial component of care coordination and outreach, even for families who do not receive services through one of the clinics. Funding for respite care for CSHN is provided through Title V funding. In partnership with a consortium of Vermont hospitals, the Hearing Outreach Program makes available outpatient hearing screening, performed by a pediatric audiologist, for infants and young children or hard-to-test older children and coordinates universal hearing screening for all newborns. The statewide Healthy Babies Kids and Families program (now out of DCF) provides both direct public health nursing care and enabling services (case management and services system coordination) for pregnant women, infants and children up to age five who have Medicaid. The intensity of services is determined by a periodic assessment of medical and psychosocial need. EPSDT sponsored services in school settings have been expanded and target medical and dental health needs. WIC provides nutrition and education services and coordinates closely with other state and local programs.

b. Population-Based Services:  
(max 2500 characters)

The state newborn screening program continues to reach a high percent of Vermont newborns. In 2004, the screening panel was expanded to include a total of 21 conditions. A statewide Fluoride Mouthwash Program continues to be provided in many Vermont schools in regions without fluoridated water systems. In addition, the reinvestment of Medicaid reimbursement in health programs is permitting the development of dental health promotion programs. The CSAP-funded State Incentive Cooperative Agreement Grant is providing support to communities for the provision of comprehensive, research based programs for tobacco, alcohol and other drug prevention. Statewide, population-based services also include reproductive health services, the immunization program, genetic services, the SIDS/SUDI prevention program, the WIC program, EPSDT, tobacco cessation, and the lead poisoning prevention program.

c. Infrastructure Building Services:  
(max 2500 characters)

Title V, in partnership with Part C IDEA funding, continues to expand capacity to provide nutrition services for CSHCN. CSHN is actively planning for improvement of medical home services for CSHCN, working in concert with Parent to Parent and AAP. The Healthy Babies Program, now administered out of DCF, has established a strong collaborative infrastructure in each health district. MCH Coalitions in each region are bringing together primary care, OB/GYN, home health, Parent Child Centers, and other community providers. Vermont continues planning efforts to provide cultural competency training for AHS staff and for local organizations. Vermont has expanded Medicaid coverage to children in families with incomes up to 300% FPL and continues with extensive outreach to increase enrollment. Several community based collaborative efforts are underway to develop Vermont's infrastructure of community based coordinated systems for the preventative health, dental, mental health care and treatment, and other services for children and adolescents. The major activities are the planning and implementation of strategies around population health priorities such as birth outcomes, childhood obesity, injury prevention, women's health, and emergency preparedness.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	Dr. Donald Swartz
Title	Director, MCH
Address	VDH, PO Box 70
City	Burlington
State	Vermont
Zip	05402
Phone	802-865-7270
Fax	802-651-1634
Email	dswartz@vdh.state.vt.us
Web	www.healthyvermonters.info

Name	Dr. Carol Hassler
Title	Director, CSHCN
Address	VDH, PO Box 70
City	Burlington
State	Vermont
Zip	05402
Phone	802-863-7338
Fax	802-651-1634
Email	chassle@vdh.state.vt.us
Web	www.healthyvermonters.info

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None



**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: VT**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	99	99	99.5	99.9	99
Annual Indicator	96.3	99.0	100.0	100.0	100.0
Numerator	6,041	6,086	8	5	3
Denominator	6,272	6,149	8	5	3
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	99.5	99.5	99.5	99.5	99.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective				57.4	57.4
Annual Indicator			57.4	57.4	57.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	57.4	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				56.5	56.5
Annual Indicator			56.5	56.5	56.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	56.5	60	60	60	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				68.7	68.7
Annual Indicator			68.7	68.7	68.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	68.7	72	72	72	72
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				72.7	72.7
Annual Indicator			72.7	72.7	72.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	72.7	75	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				5.8	5.8
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.8	7.5	7.5	7.5	7.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90
Annual Indicator	86.2	78.8	80.9	84.3	83.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	14.8	10	10	10	10
Annual Indicator	10.4	11.2	10.2	6.7	
Numerator	137	136	136	88	
Denominator	13,175	12,158	13,397	13,208	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50	50	50	67	68
Annual Indicator	43.3	9.0	66.3	66.3	66.3
Numerator	1,314	347	271	271	271
Denominator	3,038	3,875	409	409	409
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	69	70	71	72	72
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	4	4	3	3	3
Annual Indicator	2.5	1.6	NaN	NaN	NaN
Numerator	3	2	0	0	0
Denominator	120,487	127,292	0	0	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	61	63	77	78	79
Annual Indicator	75.2	76.8	78.6	79.9	
Numerator	4,722	4,724	4,800	5,028	
Denominator	6,280	6,150	6,107	6,291	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	82	82	83	84	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	4.5	25	50	85	95
Annual Indicator	22.1	41.2	82.9	94.8	95.7
Numerator	1,374	2,532	5,062	5,619	5,816
Denominator	6,209	6,149	6,107	5,928	6,077
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	97	97	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3	3	3	3	3
Annual Indicator	4.2	3.9	4.7	5.5	
Numerator	6,190	5,420	6,550	8,060	
Denominator	147,523	139,560	139,560	146,630	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	87	90	97	97	97
Annual Indicator	94.9	96.8	96.5	81.9	
Numerator	65,587	68,286	69,232	57,448	
Denominator	69,076	70,555	71,771	70,104	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	96	97	97
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	0.6	0.6	1	1	1
Annual Indicator	1.1	1.1	1.0	1.1	
Numerator	72	70	66	75	
Denominator	6,487	6,349	6,371	6,581	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0.9	0.9	0.9	0.9	0.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9	9	8	8	8
Annual Indicator	10.9	2.2	NaN	NaN	
Numerator	5	1	0	0	
Denominator	45,770	45,327	0	0	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	8	7	7	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.



**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	92	92	92	95	95
Annual Indicator	88.9	91.4	83.3	76.0	
Numerator	64	64	55	57	
Denominator	72	70	66	75	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	90	90
Annual Indicator	88.4	89.5	89.0	90.6	
Numerator	5,459	5,443	5,443	5,696	
Denominator	6,173	6,084	6,115	6,290	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	92	92	93	94	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 1**

The percent of Medicaid infants from birth through 12 months who receive home visits through the Healthy Babies system of care.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	45	50%	50%	50%	50%
Annual Indicator	44.2	40.8	59.0	50.1	48.6
Numerator	1,683	1,609	2,172	1,830	1,880
Denominator	3,809	3,945	3,681	3,652	3,869
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	50%	50	50	50	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**STATE PERFORMANCE MEASURE # 2**

The percent of low income children (with Medicaid) that utilize dental services in a year.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50%	50%	50%	51%	51
Annual Indicator	46.1	45.6	46.6	48.0	47.7
Numerator	32,684	32,945	34,560	35,733	35,845
Denominator	70,944	72,208	74,129	74,501	75,144
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	52	52	54	54	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**STATE PERFORMANCE MEASURE # 3**

The percentage of Vermont Department of Health districts that have a community-based hearing screening and diagnostic follow-up program (Hearing Outreach Program) for children.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	100%	100%	100%	100%	100%
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	12	12	12	12	12
Denominator	12	12	12	12	12
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	100%	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**STATE PERFORMANCE MEASURE # 4**

The percent of primary caregivers in the Women, Infants and Children (WIC) program who report placing infants to sleep on their backs as the usual sleeping position.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	80%	81%	82%	87	87
Annual Indicator	73.6	80.2	86.1	87.3	87.8
Numerator	1,881	2,156	2,393	2,390	2,474
Denominator	2,554	2,689	2,780	2,738	2,819
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	88	89	90	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**STATE PERFORMANCE MEASURE # 5**

The percent of youth aged 12-17 who use alcohol.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		41%		40	
Annual Indicator		43.1		39.0	
Numerator		16,709		15,180	
Denominator		38,777		38,967	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	39		38		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

The percent of 8th grade youth who smoke cigarettes.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		19%		14%	
Annual Indicator		12.7		11.1	
Numerator		992		886	
Denominator		7,823		7,959	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12		10		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

The percent of Women, Infants and Children (WIC) program families who use feeding practices that prevent Baby Bottle Tooth Decay (BBDT).

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	75%	95%	95%	95%	95%
Annual Indicator	93.3	92.1	92.3	92.4	92.4
Numerator	12,003	11,582	11,996	11,945	11,945
Denominator	12,866	12,571	12,993	12,933	12,933
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	95%	95	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**STATE PERFORMANCE MEASURE # 9**

An annual assessment of the quality of the CSHN data system by the CSHN medical and administrative management, using a scoring system developed specifically for this purpose. (See definition.)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9	9	3	3	5
Annual Indicator	3	3	3	4	5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	6	7	7	
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**STATE PERFORMANCE MEASURE # 10**

The percent of youth in grades 8 through 12 who are overweight or obese.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				22	
Annual Indicator		23.2		26.0	
Numerator		1,863		9,350	
Denominator		8,035		35,967	
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	22		20		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

None

### FIELD LEVEL NOTES

- 1. Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The denominator is the number of newborns screened and confirmed with conditions mandated by the state sponsored newborn screening program. The numerator is the number of newborns screened and confirmed with conditions mandated by the State sponsored newborn screening program who received appropriate follow-up as defined by the state. Note that in previous years, Vermont has reported the denominator as the numbers of all occurrent births, not just those newborns with a positive screen. Thus, there is an obvious difference in the numerators and denominators for 2002.
- 2. Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The denominator is the number of newborns screened and confirmed with conditions mandated by the state sponsored newborn screening program. The numerator is the number of newborns screened and confirmed with conditions mandated by the State sponsored newborn screening program who received appropriate follow-up as defined by the state.
- 3. Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Vermont continues to have a very high rate of metabolic screening for newborn infants. The Screening Panel was increased to 21 conditions; additional disorders may be requested by the physician. It is important to note that identified cases include not only VT newborns, but also out of state births screened in VT, transfers, refugees and adoptees.  
The New England Screening Laboratory continues to perform the "Vermont Panel" on any Vermont births who are transferred to and tested in New Hampshire, Maine, Massachusetts, or Rhode Island.  
Infants born in Vermont but transferred out of state without screening are identified via birth certificate lists and/or through hospital birth lists and follow up for screening is insured by NBS Program Chief.  
  
The denominator is the number of newborns screened and confirmed with conditions mandated by the state sponsored newborn screening program. The numerator is the number of newborns screened and confirmed with conditions mandated by the State sponsored newborn screening program who received appropriate follow-up as defined by the state.
- 4. Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The 2002 indicator is based on the State estimates from SLAITS. As described in the narrative, the SLAITS data emphasizes the physician's role as partner, and is not specific to particular "services." Finding a suitable proxy measure for the SLAITS indicators, in the interim years, will be difficult for VT, as for all states.
- 5. Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
- 6. Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
- 7. Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The 2002 indicator is based on the State estimates from SLAITS. In past years, VT has approximated this indicator utilizing the percentage of parents who report that their child has a regular primary care provider, upon enrollment in a CSHN program, supplemented by occasional focus group discussions around this and other systems issues. The SLAITS figure is similar to the percentage of parents in focus groups who reported care in a Medical Home, and is much lower than the percentage of CSHN children who have primary care providers. In the intervening years (before the next SLAITS), we will not be able to replicate the SLAITS measures. Instead, we will look at the PCPs named by CSHN families and compare with the expanded participation of practices in our medical home project, to arrive at an estimate of CSHCN receiving care in medical homes. There are drawbacks to this method, however. Because the medical home is about relationships, different families experience different relationships with the same PCP. In addition, the lack of outward trappings of a medical home (such as a paid care coordinator) does not necessarily mean that the same outcomes cannot be achieved.
- 8. Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
- 9. Section Number:** Performance Measure #3  
**Field Name:** PM03

**Row Name:**  
**Column Name:**  
**Year:** 2004

**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. In addition, in our focus groups for this year's Needs Assessment, only 15% identified their PCP as central to their CSHCN's overall care; 44% said the PCP provided little or no care coordination; 59% said their PCP provided little or no information. However, significantly, 98% said they, as parents, wanted TOTAL CONTROL and FULL RESPONSIBILITY themselves, not the PCP.

**10. Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The 2002 indicator is based on the State estimates from SLAITS. The SLAITS figure is lower than the percentage of children enrolled in CSHN who have a source of insurance (84.5%, see Form 7). However, the SLAITS outcome includes three indicators of family perception of adequacy of insurance. On the other hand, the SLAITS question about insurance at the time of the interview was positive for 97% of VT families. In the interval before the next SLAITS, we will continue to use the percentage of families reporting insurance.

**11. Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**12. Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. However, please also see the data on Form 7 which indicates a higher percentage of insurance coverage for children with whom we work through our CSHN programs.

**13. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The 2002 indicator is based on the State estimates from SLAITS, and is based on family response to only one question, perception of ease of use of services. In the interval before the next SLAITS, we will look at measures of geographic access to services (such as SPM#3) and measures of access to service coordination (such as NPM#3) as proxies for this outcome.

**14. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**15. Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. Among the parents who participated in our Needs Assessment focus groups, 81% said that they have access to all needed services for their CSHCN.

**16. Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted. In VT, the focus will be on improving the medical team planning for adult medical services and the transition to adult attendant care services, where appropriate.

**17. Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

**18. Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. We hope to be able to review the percentage of adolescents with Medicaid who have had an annual care plan paid by medicaid, compared to younger children and compared over time. Only CSHCN are able to have care plans paid for.

**19. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2002



**Field Note:**

Data is for FFY 02 and is from NIS statistics - actual numerators and denominators are not available. Data for FFY 01 and FFY 02 reflects the 4:3:1:3:3 schedule. Previous years reflect the 4:3:1:3 schedule.

**20. Section Number:** Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data is from NIS and is for July, 2002 to June, 2003. Percentage is recorded - actual numerators and denominators are not available. Data for 2001, 2002, and 2003 reflect the 4:3:1:3:3 schedule. Previous years reflect the 4:3:1:3 schedule.

**21. Section Number:** Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data is from NIS for July, 2003-June, 2004. Reflects the 4:3:1:3:3 schedule. The percentage is entered - the actual numerator and denominator are not available.

**22. Section Number:** Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2002**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**23. Section Number:** Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year.

**24. Section Number:** Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**25. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2002**Field Note:**

Data on all third grade children are not available for this measure. In the past, data have been derived from interpolations of Medicaid sealant application figures or from Medicaid claims data. This year's data is taken from a one time, non invasive screening of 1,238 children in grades 1 - 3. The screening and referral project was supported by a grant from the Vermont state legislature.

**26. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data for 2003 are the same as for 2002, which is from a one time non invasive screening of 1,283 children in grades 1-3. No new data is available which would be considered more accurate or complete than the survey data.

**27. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for 2004 are the same as for the two previous years. Data are from a one-time, non-invasive, screening of 1,283 children in grades 1-3. No new data are available which would be considered more accurate or complete than these survey data.

**28. Section Number:** Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2002**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2002, 2 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated.

**29. Section Number:** Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2003**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated.

**30. Section Number:** Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2004

**Field Note:**

Data for 2004 is not yet consistently available and therefore we are using 2003 data as a rough approximation of the situation in 2004.

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated.

**31. Section Number:** Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2002**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**32. Section Number:** Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator reflects Vermont occurrent births. Data source is birth certificates.

**33. Section Number:** Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**34. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2002**Field Note:**

Starting in June, 2003, the VT CSHN program now receives individual reports of hospital hearing screening, rather than aggregate reports, from each VT birth hospital. Nearly 200 VT babies (3%) are born at home, and an irreducible number are also transferred to out of state NICU's before screening, so that the ultimate, practical goal (of pre-discharge screening) cannot reach 100%.

**35. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2003**Field Note:**

All VT birthing hospitals began submitting individual reports on babies' hearing screens mid-2003. We are presenting data on 12 months reports, 6-1-03 through 5-31-04. The database is populated by initial heelstick screen reports, so there is not a perfect match with provisional birth certificate data. In addition, two hospitals began reporting 7-1-03, so their contribution to the denominator (and numerator) is only 11 months (all have been screening throughout the year, however). Since the PM asks "before hospital discharge", no homebirths (135) are included.

**36. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

This is our first full year of hospitals' reporting individual babies' results. The denominator of 6077 represents the number of babies who were born in VT hospitals (and, therefore, those who could be screened before discharge). It does not include homebirths, which is a little under 200 per year. Some homebirthed infants are screened as outpatients, and some even by one month of age. In addition, the parents of 11 hospital-born babies refused the screening. Happily, of the 136 babies discharged without a screen, at least 79 were screened as outpatients before 1 month of age (96.6% by 1 month). Our greatest concern is the apparently 128 babies (or older) for whom heelsticks were reported, but no hearing screening report was received.

**37. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2002**Field Note:**

Age used is 0-18 vs 0-17 as directed by Title V. Data is pooled March 2001 and 2002 Current Population Surveys. Source is Kaiser Commission on Medicaid and the Uninsured, located at <http://statehealthfacts.org>.

**38. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

Age used is 0-18 instead of 0-17 as directed by Title V. Data is pooled March 2001 and 2002 Current Population Surveys. Source is Kaiser Commission on Medicaid and the Uninsured, located at <http://statehealthfacts.org>

**39. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**40. Section Number:** Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2002

**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**41. Section Number:** Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2003**Field Note:**

A segment of the denominator, 8,060 of 70,104, were <19 year olds that were uninsured. All others included in this measure were <21 years old.

**42. Section Number:** Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**43. Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2002**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**44. Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year. Note - final data added for FY 06 application.

**45. Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**46. Section Number:** Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2002**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2002, 1 child aged 15-19 died by suicide in Vermont, a number below the threshold for which rates are to be calculated.

**47. Section Number:** Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2003**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, 4 children aged 15-19 died by suicide in Vermont, a number below the threshold for which rates are to be calculated.

**48. Section Number:** Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for 2004 is not yet consistently available, therefore we are using 2003 data as a rough approximation of the situation in 2004.

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, 4 children aged 15-19 died by suicide in Vermont, a number below the threshold for which rates are to be calculated.

**49. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2002**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**50. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year. Note: data updated for the FY2006 application.

**51. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**52. Section Number:** Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**53. Section Number:** Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year. Note -data updated for the FY 2006 application.

**54. Section Number:** Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year.

**55. Section Number:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Data are available up through FFY 01. Updated data will be provided for the FFY 05 application. The increase in home visiting as noted for this program is thought to be from a more intensive outreach to families. The data will be monitored over the next year to detect trends and to assess need for changing the long term objectives.

**56. Section Number:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Data are for FFY as indicated. Data has been updated for all years reflecting a better process for data entry and also for data retrieval.

**57. Section Number:** State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

For Fiscal Year, 10/1/01 to 9/30/02.

**58. Section Number:** State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

For FFY 2003

**59. Section Number:** State Performance Measure #2

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The measure of low income children's utilization of dental services will be continued as a state performance measure for the next Title V five year block grant cycle. Related to Priority Goal of "All children will receive continuous and comprehensive oral health care within a dental home."

**60. Section Number:** State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

HOP is evolving in two important directions, both of which argue for continuing to monitor as a SPM: increased role as next-steps follow-up for UNHS; and, transition from grant funding to reimbursement funding.

**61. Section Number:** State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The objective of 100% has been achieved. This PM will be reconsidered in the FFY06 application, using information from the MCH needs assessment and hearing program information. See also endnote for NPM12. These PM's are important to monitor as the UNHS program continues to expand and refine capacity for screening, data collection, and fee reimbursement.

**62. Section Number:** State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The objective of 100% of communities offering hearing screening programs has been achieved for the past several years. The monitoring for comprehensive, universal hearing screening services will be continued via NPM #12.

63. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The denominator for this measure has been revised to capture "infants with known sleeping position" not "total infants enrolled in WIC." The data for 2001 and 2002 reflect the new definition of the denominator.
64. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data reflect the WIC population enrolled during December, 2003. The denominator for this measure has been revised to capture "infants with known sleeping position" and not "total infants enrolled in WIC." The data for 2001, 2002, and 2003 reflect this change in definition.
65. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The monitoring of caregivers actions in sleep position of infants will be continued via WIC and also other public health data systems such as PRAMS. Education programs for parents, health care providers, and child care providers will continue via many programs such as WIC, EPSDT, and HBKF.
66. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
There is no updated survey data for 2002. The YRBS will be conducted again in the Fall of 2003.
67. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data is from the 2003 Vermont YRBS which was conducted Fall, 2003.
68. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
There is no updated survey data for 2004. The YRBS will be conducted again in the fall of 2005. This measure will be retired in FFY06, however, monitoring of this data will continue via Title-V and related programs within VDH.
69. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
There is no updated survey data for 2002. The YRBS will be conducted again in the Fall of 2003.
70. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data is from the Vermont YRBS which was conducted Fall 2003
71. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
There is no updated survey data for 2004. The YRBS will be conducted again in the fall of 2005. This measure will be retired in FY06. However, monitoring of this data will continue via Title V and related programs within VDH. A new measure will monitor smoking and pregnant women.
72. **Section Number:** State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data reflect the WIC population enrolled on July, 2003
73. **Section Number:** State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
This measure will be retired in FFY06, but monitoring of this data will continue via WIC and VDH Dental Services.
74. **Section Number:** State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Since the inception of this performance measure, it has become policy that attendance at cultural competency training is required for all Health Department employees.

**75. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Now with several years' experience in this SPM, we have revised the definition and scoring system. The PM now focuses on the accessibility, quality, and integration of the CSHN database; at the initiation of this measure, there were many CSHN staff who did not even have computer access. The database was completed in 2002 and staff were trained. The scoring revisions now place more emphasis on data quality; therefore, the scores are LOWER than last year, and the projections are revised. For 2002:

Staff access: 1 of 2

Completeness: 1 of 2

Accuracy: 1 of 2

Integration with Medicaid: 0 of 2

Integration with Part C: 0 of 2

Integration with Accounts Payable: 0 of 2

**76. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The PM focuses on the accessibility, quality, and integration of the CSHN databases. As a sign of success, at the initiation of this measure, there were many CSHN staff who did not even have computer access - now all staff have ready access to a computer. The database was completed in 2002 and staff were trained in its use. The scoring revisions (first used in FY2004 application) place more emphasis on data quality, therefore scores are lower and the projections revised. This SPM is scored 0-2 on each of 6 constructs: staff access, completeness, accuracy, integration with Medicaid, integration with Part C, integration with accounts payable, with a maximum score of 12. This year staff access = 2; completeness and accuracy each = 1. In past years, we had entered the score as the numerator with a denominator (maximum score) of 12. However, the web form translated these into indicators of zero. Therefore, this year, we have removed all numerator/denominator components and just entered the total score as the indicator.

**77. Section Number:** State Performance Measure #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

0=none 1=partial 2=complete achievement.

In 2004:

Staff access=2

Completeness of data=2

Accuracy=1

Integration with Medicaid=0

Integration with Part C=0

Integration with Accounts Payable=0

Within our CSHN unit we have expanded the fields of data. While we are able to capture information about whether children have Medicaid or are enrolled in Part C, there is no integration or linkage of these databases. This measure will be retired in FFY06, however, the activities to improve CSHN data systems will continue.

**78. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

This is a new measure for FFY 04 application. Data available from YRBS for 1999 and 2001, the years in which the BMI was calculated from self report by the survey participants. New VDH initiatives are being planned to address this SPM (and also Vermont Priority Need #10) and the resultant effect on the annual indicator will be analyzed. Long term objectives will be adjusted accordingly.

**79. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

This is a new measure for FFY 04 application. Data is from the YRBS for 1999 and 2001, the years in which the BMI was calculated from self report by the survey participants. Data for 2003 is unweighted, for previous years data is weighted. New VDH initiatives are being implemented to address this SPM (see also Priority Need #10)

**80. Section Number:** State Performance Measure #10

**Field Name:** SM10

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

There is no updated survey data for 2004. The YRBS will be conducted again in the Fall of 2005. This measure will be retired in FFY06, however the issue of youth and obesity continues to be addressed by several VDH and community programs. A new measure for the next five year Title V cycle will allow monitoring of obesity in women of childbearing age.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: VT**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	6.7	6.6	6	5.8	5.6
Annual Indicator	6.0	5.5	4.2	5.0	5.0
Numerator	39	35	27	33	33
Denominator	6,501	6,367	6,386	6,589	6,589
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.4	5.2	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator				NaN	NaN
Numerator				0	0
Denominator				0	0
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.4	4.4	3.6	3.6	3.5
Annual Indicator	3.8	3.6	2.8	4.6	4.6
Numerator	25	23	18	30	30
Denominator	6,501	6,367	6,386	6,589	6,589
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.5	3.4	3.4	3.4	3.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2.3	2	2	2	2
Annual Indicator	2.2	1.9	1.8	1.2	1.2
Numerator	14	12	35	24	24
Denominator	6,501	6,367	19,254	19,342	19,342
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.



**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	7.9	7.6	7.5	7.4	7.3
Annual Indicator	8.1	6.1	5.1	6.1	6.1
Numerator	53	39	33	40	40
Denominator	6,533	6,388	6,409	6,603	6,603
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	7.3	7.2	7.2	7.2	7.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	19	18	18	17.5	17.5
Annual Indicator	13.1	17.6	15.0	16.2	16.2
Numerator	15	21	52	55	55
Denominator	114,106	119,190	347,446	338,651	338,651
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	17	17	17	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 12

None

### FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
2. **Section Number:** Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Data is for calendar year 2002
3. **Section Number:** Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
4. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Vermont has so few births of black infants that the death rate for black infants cannot be meaningfully calculated. During 2001, there were 30 black infants born in Vermont and zero deaths in this group.
5. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, one black infant died, the first in many years. This number is below the threshold for which rates are to be calculated.
6. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
Data for 2004 is currently unavailable and we are therefore using 2003 data as a rough approximation of the situation in 2004.  
  
Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, one black infant died, the first in many years. This number is below the threshold for which rates are to be calculated.
7. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
8. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
For calendar year 2002
9. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. The 2004 data provided here is the 2003 data, to be seen as a rough estimate of the situation in 2004.
10. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2002, 2001, and 2000 in both numerator and denominator.
11. **Section Number:** Outcome Measure 4  
**Field Name:** OM04

**Row Name:**  
**Column Name:**  
**Year:** 2003

**Field Note:**

Following the procedures outlined in Technical Notre IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**12. Section Number:** Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data for 2004 is not consistently available, so we are entering the values from 2003 as a rough estimate of the 2004 situation.

Following the procedures outlined in Technical Notre IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**13. Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**14. Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

For calendar year 2002

**15. Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are not currently available, but will be at the end of the 2005 calendar year. The 2004 data provided here is the 2003 data, to be seen as a rough estimate of the situation in 2004.

**16. Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Following the procedures outlined in Technical Notre IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2002, 2001, and 2000 in both numerator and denominator.

**17. Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Following the procedures outlined in Technical Notre IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**18. Section Number:** Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data for 2004 is not consistently available, so we are entering the values from 2003 as a rough estimate of the 2004 situation.

Following the procedures outlined in Technical Notre IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: VT**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 16

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
CSHN has three standing advisory committees, one for all CSHN efforts, one for CSHN hearing programs, and one for Newborn Screening programs. Although CSHN is committed to, and continues to have family members on committees and task forces, one of the committees has not met in a year because of leadership changes, so we have reduced the score from last year's 3, to this year's 2.
- 2. Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
No change. There are stipends for parent participation in interviews and meetings; there are partial scholarships for parent attendance at conference; there is support for parent groups and parent-initiated activities.
- 3. Section Number:** Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This year specifically, parents were involved in 5 focus groups held around the state. See Strengths and Needs Assessment.
- 4. Section Number:** Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Vermont continues to achieve this goal through very substantial support to two parent organizations, Parent to Parent of Vermont, and the Vermont Parent Information Center, both of which serve as consultants to the program in a more inclusive way than if we were to hire individual parent(s).
- 5. Section Number:** Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Our principal focus continues to be on families from the deaf culture. We also make sure that printed materials are available in other languages, and we access foreign language interpreters as needed.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: VT    FY: 2006**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant women and young children thrive
2. Children live in stable, supported families
3. Youth choose healthy behaviors and will thrive
4. Youth successfully transition to adulthood
5. Women lead healthy and productive lives.
6. Communities provide safety and support for families
7. All children, including CSHN, receive continuous and comprehensive health care within a medical home.
8. All children receive continuous and comprehensive oral health care within a dental home.
9. Children and families are emotionally healthy.
10. Children and families live in healthy environments.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: VT

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Recent state Human Services reorganization is to coordinate direct multidisciplinary services for families. Need for TA to advice on known models or best practices of Integrated Services Team.	Applying this IST model is a significant change for all service providers. Use of known models will enhance quality and efficiency in creating a workable program.	UCLA Center staff are implementing an ITS model in CA. This model could be piloted in VT and tested in a rural area. UCLA has solid history of collaborating with VT and Title V.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			



	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: VT**

SP # 1

**PERFORMANCE MEASURE:**

The percent of Medicaid infants from birth through 12 months who receive home visits through the Healthy Babies system of care.

**STATUS:**

Active

**GOAL**

To increase the number of Medicaid infants receiving home visits by a maternal child health nurse or family support worker through the Healthy Babies system of care.

**DEFINITION**

**Numerator:**

Number of Vermont infants birth through 12 months on Medicaid who receive at least one Healthy Babies home visits.

**Denominator:**

Number of Vermont infants birth through 12 months on Medicaid.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Medicaid Claims Data (EDS)

**SIGNIFICANCE**

Research conducted by David Olds et al. has indicated that home visitation can reduce childhood injuries and unplanned pregnancies among low-income women. To date, fewer than 50% of eligible infants receive Healthy Babies home visits. Of those who receive visits, outcomes were improved for early WIC entry, breastfeeding beyond six weeks, and accessing adequate health care.

SP # 2

**PERFORMANCE MEASURE:**

The percent of low income children (with Medicaid) that utilize dental services in a year.

**STATUS:**

Active

**GOAL**

To prevent dental caries in children by the utilization of dental services.

**DEFINITION**

**Numerator:**

Number of Vermont children with Medicaid insurance who visit a dental office during a one-year period.

**Denominator:**

Number of Vermont children on Medicaid during a one-year period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Medicaid data and data from Electronic Data Systems (EDS).

**SIGNIFICANCE**

The dental services utilization rate of children on Medicaid insurance in Vermont has been steady for the last 3 years at approximately 45 percent. If many of the remaining 55 percent can access dental services, the number of dental caries can be reduced through preventive measures.

SP #        3

**PERFORMANCE MEASURE:**

The percentage of Vermont Department of Health districts that have a community-based hearing screening and diagnostic follow-up program (Hearing Outreach Program) for children.

**STATUS:**

Active

**GOAL**

To provide all children who are at risk of hearing loss with ready access to an accurate, easy-to-administer hearing screening and diagnostic follow-up in order "to reduce the morbidity associated with hearing impairment through early detection" and referral for treatment.

**DEFINITION**

**Numerator:**

Number of VDH districts with active programs for hearing screening and diagnostic follow up.

**Denominator:**

Number of VDH districts.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CSHN Program: Active Hearing Outreach Program sites

**SIGNIFICANCE**

The advantages of early detection of hearing impairments are indisputable and include necessary follow-up of free and appropriate enrollment in habilitation and education programs.

SP # 4

**PERFORMANCE MEASURE:**

The percent of primary caregivers in the Women, Infants and Children (WIC) program who report placing infants to sleep on their backs as the usual sleeping position.

**STATUS:**

Active

**GOAL**

To reduce deaths to infants from Sudden Infant Death Syndrome (SIDS).

**DEFINITION**

**Numerator:**

Number of WIC families reporting the supine (back) position as the usual sleep position for their infants in the first 4 months of life.

**Denominator:**

Number of Vermont WIC families coming in for their 6 month visit.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

WIC data collection at 6-month visit.

**SIGNIFICANCE**

SIDS is the leading cause of post-neonatal death among Vermont infants. Placing infants to sleep on their stomachs is a risk factor for SIDS, and information about recommended infant sleep position (back) is being disseminated through the national "Back to Sleep" campaign as well as through the WIC program.

SP # <u>5</u>	
PERFORMANCE MEASURE:	The percent of youth aged 12-17 who use alcohol.
STATUS:	Active
GOAL	To reduce the proportion of Vermont youth aged 12-17 who use alcohol.
DEFINITION	<p><b>Numerator:</b> Number of youth in 8th through 12th grades reporting alcohol use in past month in Vermont Youth Risk Behavior Survey.</p> <p><b>Denominator:</b> Number of Vermont youth in 8th through 12 grades participating in most recent Youth Risk Behavior Survey.</p> <p><b>Units:</b> 100    <b>Text:</b> Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Vermont Youth Risk Behavior Survey
SIGNIFICANCE	From 1991 to 1995, the percentage of 8th through 12th grade youth in Vermont who reported alcohol use in the past month increased from 46.4% to 52.8%.

SP # 6

**PERFORMANCE MEASURE:**

The percent of 8th grade youth who smoke cigarettes.

**STATUS:**

Active

**GOAL**

To prevent the initiation of cigarette smoking among Vermont youth.

**DEFINITION**

**Numerator:**

Number of Vermont 8th graders in Vermont Youth Risk Behavior Survey reporting cigarette use in the past month.

**Denominator:**

Number of Vermont 8th graders participating in most recent Youth Risk Behavior Survey.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Vermont Youth Risk Behavior Survey

**SIGNIFICANCE**

Findings from the Vermont Youth Risk Behavior Survey indicate that cigarette smoking has increased among Vermont youth since 1985. Healthy Youth 2000 notes that preventing the initiation of cigarette smoking by youth should be a major focus in the strategy to reduce the prevalence of cigarette smoking since research indicates that initiation of cigarette smoking is more sensitive to intervention than is quitting behavior.



SP # 7

**PERFORMANCE MEASURE:**

The percent of Women, Infants and Children (WIC) program families who use feeding practices that prevent Baby Bottle Tooth Decay (BBTD).

**STATUS:**

Active

**GOAL**

To prevent Baby Bottle Tooth Decay (dental caries) in young children.

**DEFINITION**

Feeding practices that prevent BBTD include: going to sleep without a bottle or with one that contains only water; weaning from the bottle by age one; use of the appropriate amount of fluoride; and avoiding frequent snacking between meals.

**Numerator:**

Number of WIC participants under age 5 whose parents/caregivers report using feeding practices to prevent BBTD.

**Denominator:**

Number of Vermont WIC participants under age 5.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

WIC program data collection at visits with families when children are ages 6 months, 1 year old, and 2 years old.

**SIGNIFICANCE**

In Vermont there are 500 treated cases of BBTD each year with over one-half treated in the operating room under general anesthesia.

SP # 9

**PERFORMANCE MEASURE:**

An annual assessment of the quality of the CSHN data system by the CSHN medical and administrative management, using a scoring system developed specifically for this purpose. (See definition.)

**STATUS:**

Active

**GOAL**

CSHCN efforts will be supported by an accessible, comprehensive, integrated data system.

**DEFINITION**

This definition is changed for this report (2002) and application (2004): Staff interface: (1) the percentage of CSHN staff who have access to the CSHN database. Data quality: (2) Completeness of data; (3) accuracy of data. Integration of data: electronic interface with (4) Medicaid, (5) Part C, (6) accounts payable. Scale of 0 (not at all), 1(partial), 2 (complete).

**Numerator:**

Actual Score (sum across 6 constructs; maximum total of 12)

**Denominator:**

Maximum Possible Score (12)

**Units:**   **Text:**

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Annual assessment of CSHN staff interface with database; assessment of database quality and integration.

**SIGNIFICANCE**

It is impossible to overestimate the value of the ability to collect and analyze relevant data in support of systems of care for children and families. Some of the function of this SPM is now subsumed in the new HSCI #9A.

SP # 10

**PERFORMANCE MEASURE:**

The percent of youth in grades 8 through 12 who are overweight or obese.

**STATUS:**

Active

**GOAL**

To reduce the proportion of Vermont youth who are overweight or obese.

**DEFINITION**

Body Mass Index as calculated by the height and weight self report from the YRBS survey questions.

**Numerator:**

Number of youths in grades 8-12 who are over the 85th body mass index percentile, as calculated from self-report of height and weight.

**Denominator:**

Number of Vermont youth in grades 8-12 grades participating in the most recent Youth Risk Behavior Survey.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to Objective 19-3

Reduce the proportion of children and adolescents who are overweight or obese. HP 2010 Goal is 5% for this age group.

**DATA SOURCES AND DATA ISSUES**

Vermont Youth Risk Behavior Survey

**SIGNIFICANCE**

Findings from the YRBS indicate that the proportion of overweight and obese children and adolescents in Vermont exceed the 2010 goal of 5%. Childhood obesity has been linked to chronic diseases in childhood such as Type 2 Diabetes and adult diseases such as cardiovascular conditions and diabetes. Establishing healthy habits in childhood, such as those reflecting nutrition and exercise can have life long health benefits.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: VT**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	17.9	19.0	13.1	19.9	19.9
Numerator	61	79	44	66	66
Denominator	33,989	41,539	33,682	33,249	33,249
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	87.1	88.6	89.7	94.6	94.6
Numerator	2,987	3,089	3,117	3,441	3,441
Denominator	3,429	3,488	3,475	3,637	3,637
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	74.6	84.7	87.1	89.3	89.3
Numerator	4,887	5,477	5,293	5,573	5,573
Denominator	6,550	6,464	6,075	6,242	6,242
Is the Data Provisional or Final?				Final	Provisional

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	59.2	61.2	62.4	63.2	63.9
Numerator	4,500	4,707	4,720	4,693	4,782
Denominator	7,600	7,687	7,570	7,431	7,488
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	34.7	32.2	39.5	47.5	29.3
Numerator	728	673	850	649	435
Denominator	2,095	2,088	2,151	1,365	1,486
Is the Data Provisional or Final?				Final	Final

## FORM NOTES FOR FORM 17

This information is gathered by crossmatching by hand two lists: (1)a list of all children under 16 who have had a claim paid by medicaid in the calendar year AND who also have a notation that they have SSI in the medicaid database; and, (2)a list of all children of the same age who are enrolled in CSHN. We know of no other way to create these numbers, but the method is fraught with confounding factors, nonetheless.

### FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Data from 2000 have been revised slightly from the FY 02 application (from 59 to 61 hospital discharges.) The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year and will be included in the Title V FY 05 application and report.
2. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year.
3. **Section Number:** Health Systems Capacity Indicator #01  
**Field Name:** HSC01  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
4. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
5. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year.
6. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
7. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
SCHIP data is included in the Medicaid data in HSCI #2. The data from 1999 are from the first months of the initiation of the program, before the data on participation was combined with Medicaid data sets.
8. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
SCHIP data are included in the Medicaid data in HSCI #2.
9. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
SCHIP data was combined with Medicaid data in HSCI #2. The two programs are administered as one single program and, at present, the data for SCHIP is unable to be obtained separately.
10. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
In 2001, Vermont revised the method used to calculate weeks of gestation to better match the methodology used by NCHS. Since weeks gestation is one of the variables used to compute the Kottelchuck Index of Adequacy of Prenatal Care, this change affected the Kottelchuck Index values. Values for 1998-2000, as well as the 2001 value, have been recalculated following these new definitions.
11. **Section Number:** Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The data to calculate this measure for 2003 are currently not consistently available, but will be available at the end of the 2004 calendar year.

**12. Section Number:** Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.

**13. Section Number:** Health Systems Capacity Indicator #07

**Field Name:** HSC07

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The data have been updated to reflect the time period of FFY 01 and FFY 02. Exact data from previous years is not available, so estimates have been provided so as to complete the form using the web-based format.

**14. Section Number:** Health Systems Capacity Indicator #07

**Field Name:** HSC07

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Exact data for the years 1999 and 2000 are not available, so estimates have been provided so as to allow completion using the web-based format. Data for FFY 2001, 2002, and 2003 is from Medicaid files.

**15. Section Number:** Health Systems Capacity Indicator #07

**Field Name:** HSC07

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data is for FFY04

**16. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

No data available for 1998. In that year, we interpreted the goal to mean VT children who received SSI, but who were ineligible for Medicaid. Since all VT children who receive SSI are also eligible for Medicaid, there was, theoretically, no need for CSHN to fill a financial gap. Measuring this indicator continues to be difficult. SSA provides each state with the number of children receiving SSI at a point in time, but our methodology to find individuals utilizes claims data. Over a year's time, nearly twice as many children receive SSI (2151), and it is these children whose SSN are crossmatched with the SSN of children enrolled in one or more CSHN programs. 39.5% of children with SSI also received care coordination and/or clinic services in 2002.

**17. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

For 2003 the indicator again relies on a crossmatch of children under 16 who received a medicaid service and were eligible for medicaid by virtue of their SSI, with children enrolled in CSHN of the same age range. This year, we used an improved selection method to arrive at the SSI list. There were, by this method, 1365 children with SSI (compared with 1271 as reported in the SSA Table for December 2003--figures much closer to each other than in years past). Six hundred forty-nine (649), or 47.5% percent of SSI children were enrolled in CSHN. (If we use the SSA-reported figure of 1,271 SSI children, 649 represents 51.1%) Clearly, however, the jump in percent (from 39.5 in 2002, to 47.5 in 2003) is an artifact of the apparent "decrease" in the denominator, due to better statistical methods this year.

**18. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

We continue to crossmatch by hand, the names/DOB of under 16 yo enrolled in CSHN, with the names of those receiving at least one medicaid-funded service whose medicaid eligibility includes SSI. The crossmatch for this year shows that there are XXX children under 16 enrolled in CSHN who are also receiving SSI, representing XX% of SSI children.



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: VT**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Matching data files	<u>7.6</u>	<u>6.7</u>	<u>7</u>
b) Infant deaths per 1,000 live births	2004	Matching data files	<u>6.8</u>	<u>5.1</u>	<u>5.8</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Matching data files	<u>88</u>	<u>92.1</u>	<u>90.6</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Matching data files	<u>87.8</u>	<u>90.2</u>	<u>89.3</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: VT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>300</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2004	<u>300</u> <u>    </u> <u>    </u>
c) Pregnant Women	2004	<u>200</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: VT**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>300</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2004	<u>300</u> <u>    </u> <u>    </u>
c) Pregnant Women	2004	<u>200</u>

## FORM NOTES FOR FORM 18

In Vermont, Medicaid and SCHIP have the same eligibility requirements.

The actual data comes from Vital Records. The birth certificates were matched to WIC records via the Pregnancy Nutrition Surveillance System. Those who were in WIC prenatally were considered representative of the Medicaid population.

Data for 2004 is not currently available, so the entered data is the 2003 data, to be viewed as a rough approximation of situation in 2004.

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 05

**Field Name:** LowBirthWeight

**Row Name:** Percent of ow birth weight (<2,500 grams)

**Column Name:**

**Year:** 2006

**Field Note:**

The actual data comes from Vital Records. The birth certificates were matched to WIC records via the Pregnancy Nutrition Surveillance System. Those who were in WIC prenatally were considered representative of the Medicaid population.

2. **Section Number:** Indicator 05

**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2006

**Field Note:**

This measure differs from the value in OM1 because here we use the birth cohort to calculate Infant Mortality, whereas in OM1, the death cohort is used.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: VT**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: VT**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Youth Tobacco Survey	3	No

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other: 		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A

**Field Name:** BirthDefects

**Row Name:** Annual birth defects surveillance system

**Column Name:**

**Year:** 2006

**Field Note:**

Vermont has received a CDC grant to develop a birth defects registry, with policy support of the legislature in passing the "Birth Information Network" bill in 2003. This bill, while not a mandate for newborn hearing screening, has been very useful in persuading birth hospitals and audiologists of their responsibility to report results to the UNHS program. Vermont has hired a coordinator and is actively planning for implementing the birth defects surveillance system.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: VT**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.1	5.9	6.4	7.0	7.0
Numerator	397	376	407	463	463
Denominator	6,487	6,349	6,371	6,581	6,581
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.6	4.6	4.6	5.4	5.4
Numerator	292	282	282	343	343
Denominator	6,296	6,191	6,129	6,336	6,336
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.1	1.1	1.0	1.1	1.1
Numerator	72	70	66	75	75
Denominator	6,487	6,349	6,371	6,581	6,581
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.7	0.8	0.7	0.9	0.9
Numerator	42	49	44	54	54
Denominator	6,296	6,191	6,129	6,336	6,336
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.5	3.9	5.7	5.3	5.3
Numerator	9	5	21	19	19
Denominator	120,487	127,292	368,260	359,370	359,370
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.5	1.6	NaN	NaN	NaN
Numerator	3	2	0	0	0
Denominator	120,487	127,292	0	0	0
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	26.3	21.4	26.9	23.0	23.0
Numerator	22	19	23	21	21
Denominator	83,622	88,756	85,483	91,272	91,272
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	195.9	187.0	151.9	176.5	176.5
Numerator	236	238	183	197	197
Denominator	120,487	127,292	120,481	111,597	111,597
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	23.2	19.6	17.1	15.0	15.0
Numerator	28	25	63	54	54
Denominator	120,487	127,292	368,260	359,370	359,370
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	135.1	136.3	161.4	121.6	121.6
Numerator	113	121	138	111	111
Denominator	83,622	88,756	85,483	91,272	91,272
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	8.8	9.9	13.5	14.5	14.5
Numerator	196	218	306	321	321
Denominator	22,222	22,108	22,623	22,119	22,119
Is the Data Provisional or Final?				Final	Provisional

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.1	2.7	4.0	4.7	4.7
Numerator	230	297	426	497	497
Denominator	108,328	109,115	106,636	106,812	106,812
Is the Data Provisional or Final?				Final	Provisional



## FORM NOTES FOR FORM 20

None

### FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
2. **Section Number:** Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
3. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
4. **Section Number:** Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
5. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
6. **Section Number:** Health Status Indicator #02A  
**Field Name:** HSI02A  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
7. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.
8. **Section Number:** Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2004  
**Field Note:**  
The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.
9. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2002  
**Field Note:**  
Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2002, 2001, and 2000 in both numerator and denominator.
10. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2003  
**Field Note:**  
Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.
11. **Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**

**Year:** 2004

**Field Note:**

Data for 2004 is not consistently available, so we are using the 2003 data as a rough approximation of the situation in 2004.

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**12. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2002, 2 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated.

**13. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated.

**14. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

Data for 2004 is not consistently yet available, so we are using 2003 as a rough approximation of the situation in 2004.

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, null values are entered here in lieu of a rate. In 2003, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threshold for which rates are to be calculated.

**15. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**16. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.

**17. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**18. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.

**19. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2002, 2001, and 2000 in both numerator and denominator.

**20. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**21. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the

2003 data, to be seen as a crude estimate of the situation in 2004.

Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using Small Samples, the data presented here are three year averages, using in this case the summed data for 2003, 2002, and 2001 in both numerator and denominator.

**22. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2002

**Field Note:**

The data to calculate this measure for 2002 are currently not consistently available, but will be available at the end of the 2003 calendar year.

**23. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.

**24. Section Number:** Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.

**25. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2003

**Field Note:**

The increase in cases is thought to be a result of increased testing and casefinding due to better outreach and the availability of a urine test for chlamydia (2002).

**26. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2004

**Field Note:**

The data to calculate this measure for 2004 are currently not consistently available, but will be available at the end of the 2005 calendar year. 2004 data provided here is the 2003 data, to be seen as a crude estimate of the situation in 2004.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	6,341	6,166	68	17	90			
Children 1 through 4	26,908	26,165	289	70	384			
Children 5 through 9	35,676	34,407	508	199	562			
Children 10 through 14	42,672	41,470	500	269	433			
Children 15 through 19	45,707	44,283	541	296	587			
Children 20 through 24	45,565	43,927	533	253	852			
Children 0 through 24	202,869	196,418	2,439	1,104	2,908	0	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	6,281	60	
Children 1 through 4	26,653	255	
Children 5 through 9	35,202	474	
Children 10 through 14	42,145	527	
Children 15 through 19	45,005	702	
Children 20 through 24	44,872	693	
Children 0 through 24	200,158	2,711	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	4	4	0	0	0	0		0
Women 15 through 17	88	86	2	0	0	0		0
Women 18 through 19	331	323	5	0	0	2		1
Women 20 through 34	4,986	4,844	41	7	16	70		8
Women 35 or older	1,180	1,140	4	1	5	22		8
Women of all ages	6,589	6,397	52	8	21	94	0	17

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	4	0	0
Women 15 through 17	87	0	1
Women 18 through 19	321	5	5
Women 20 through 34	4,902	47	37
Women 35 or older	1,160	5	15
Women of all ages	6,474	57	58

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	33	32	1			0		
Children 1 through 4	5	5	0			0		
Children 5 through 9	7	6	1			0		
Children 10 through 14	6	6	0			0		
Children 15 through 19	24	23	0			1		
Children 20 through 24	34	34	0			0		
Children 0 through 24	109	106	2	0	0	1	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	33	0	0
Children 1 through 4	5	0	0
Children 5 through 9	7	0	0
Children 10 through 14	6	0	0
Children 15 through 19	23	1	0
Children 20 through 24	34	0	0
Children 0 through 24	108	1	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	157,304	152,491.0	1,906.0	851.0	2,056.0				2004
Percent in household headed by single parent	27.0								2004
Percent in TANF (Grant) families	5.3								2004
Number enrolled in Medicaid	63,915	29,214.0	539.0	54.0	149.0			33,959.0	2004
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2004
Number living in foster home care	1,295	1,295.0							2004
Number enrolled in food stamp program	20,730	20,730.0							2004
Number enrolled in WIC	16,338	15,287.0	360.0	32.0	146.0	77.0	316.0	120.0	2004
Rate (per 100,000) of juvenile crime arrests	3,685.0								2004
Percentage of high school drop-outs (grade 9 through 12)	3.5								2004

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	155,286.0	2,018.0		2004
Percent in household headed by single parent			27.0	2004
Percent in TANF (Grant) families	5.3		5.3	2004
Number enrolled in Medicaid	63,802.0	113.0		2004
Number enrolled in SCHIP	0	0	0	2004
Number living in foster home care			1,295.0	2004
Number enrolled in food stamp program			20,730.0	2004
Number enrolled in WIC	15,605.0	91.0	120.0	2004
Rate (per 100,000) of juvenile crime arrests			3,685.0	2004
Percentage of high school drop-outs (grade 9 through 12)			3.5	2004

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	40,620
Living in urban areas	40,620
Living in rural areas	106,903
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>147,523</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	610,000.0
Percent Below: 50% of poverty	
100% of poverty	8.5
200% of poverty	26.2

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VT**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	135,000.0
Percent Below: 50% of poverty	
100% of poverty	10.2
200% of poverty	31.1



## FORM NOTES FOR FORM 21

In measures 6a and 9a only, Asian is combined with Native Hawaiian or Other Pacific Islander. All data is from 2003 population estimates.

For Measures 10, the data to calculate this measure for 2004 are not available. We are using the 2000 census for the values.

Measure 11 & 12 uses 2003 census data and therefore the entered data is only an approximation of the situation in 2004.

Measure 12 uses 0-17 years.

## FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
The data on participation in SCHIP has been combined with the Medicaid dataset; therefore this data is now unable to be counted separately from Mediciad.
2. **Section Number:** Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
The data on participation in SCHIP has been combined with the Medicaid dataset; therefore this data is now unable to be counted separately from Mediciad.
3. **Section Number:** Indicator 10  
**Field Name:** Frontier  
**Row Name:** Living in frontier areas  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
This data is not provided by the census for Vermont.
4. **Section Number:** Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data unavailable for Vermnt in this Poverty level.
5. **Section Number:** Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data for this level of Federal Poverty Level is unavailable for Vermont.
6. **Section Number:** Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Number of Vermont children living in an out-of home placement situation as of September, 2004. Breakdown by race/ethnicity not available.

**NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: VT**

SP # 1

**PERFORMANCE MEASURE:**

The percent of women who smoke in the last trimester of pregnancy

**GOAL**

To be determined

**DEFINITION**

**Numerator:**

The number of women reporting they smoke in the last trimester of their pregnancy

**Denominator:**

The number of women participating in PRAMS

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

to be determined

**DATA SOURCES AND DATA ISSUES**

PRAMS

**SIGNIFICANCE**

Vermont has a higher than expected rate of pregnant women who smoke. The health effects of smoking by pregnant women have been well documented over recent years. Also to be considered are the effects of ETS on the infant and other children and family members in the household. Preliminary PRAMS data show that 31% of women smoked before pregnancy, 18% smoked in the last trimester, and 22.6% smoked postpartum.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 2

**PERFORMANCE MEASURE:**

A measure of an element of early education assets - population or systems asset.

**GOAL**

To support children to thrive within families by enhancing early education system which is defined broadly to indicate collaboration with MCH and public health.

**DEFINITION**

To be determined

**Numerator:**

To be determined

**Denominator:**

To be determined

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

N/A

**DATA SOURCES AND DATA ISSUES**

To be determined, possibly school readiness survey

**SIGNIFICANCE**

To be able to measure the link between comprehensive early childhood systems and the strengthening of assets in young children. A strong system of early childhood services promotes the health and welfare of children and their families. Region 1 has committed to create a measure that captures this concept within the mission of Title V programs. The measure will incorporate the philosophy of assets and also an ecological model of factors that influence child health and development. A specific measure will be developed in FFY06 and will be included in the FFY07 application.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 3

**PERFORMANCE MEASURE:**

The percent of youth in grades 8-12 who have attempted suicide in the last twelve months.

**GOAL**

HP 2010 is 1%

**DEFINITION**

**Numerator:**

The number of youth grades 8-12 reporting that they attempted suicide in the last twelve months.

**Denominator:**

The number of youth grades 8-12 participating in the (comparable) YRBS.

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

To be determined - HP 2010 is 1%

**DATA SOURCES AND DATA ISSUES**

YRBS

**SIGNIFICANCE**

Suicide is a serious problem for Vermont youth. In 2002, suicide was the third leading cause of death for 10-14 years olds and the second leading cause of death for 15-34 year olds. In the 2003 YRBS, 13% of students in grades 8-12 had made a suicide plan, 7% had actually attempted suicide, and 2% had made a suicide attempt that required medical attention.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 4

**PERFORMANCE MEASURE:**

To reduce the percent of women aged 18-44 years whose BMI is greater than or equal to a BMI of 30.

**GOAL**

To be determined

**DEFINITION**

TBD - measure either the percent of obese woemn or measure the reduction in the rate of increase of obese women.

**Numerator:**

The number of women ages 18-44 participating in the BRFS whose BMI is greater than 30

**Denominator:**

The number of women ages 18-44 participating in the (comparable) BRFS

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

TBD

**DATA SOURCES AND DATA ISSUES**

BRFS

**SIGNIFICANCE**

There is growing concern about the increase in obesity and overweight in women of childbearing age. In 2003, 25&% of Vermont resident mothers who gave birth were obese and 13.2% were overweight by pre-pregnancy BMI. Among women who participate in WIC, 45.4% were overweight vs 31.9% for non-WIC. Maternal pre-pregnant overweight and obesity may increase risk for pregnancy complications (pre-eclampsia, gestational diabetes, etc.) and infant health, such as neural tube defects and birth trauma.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 5

**PERFORMANCE MEASURE:**

The percent of youth who feel like they matter to people.

**GOAL**

To Be Determined

**DEFINITION**

**Numerator:**

The number of youth in grades 8-12 reporting that they agree or strongly agree with the statement: In my community, I feel like I matter to people.

**Denominator:**

Number of youth in grades 8-12 participating in the (comparable) YRBS.

**Units:**    **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

None

**DATA SOURCES AND DATA ISSUES**

YRBS

**SIGNIFICANCE**

Assets research for adolescents is demonstrating an association between healthy youth behaviors and certain defined assets. In response to this research, Vermont added five asset questions to the YRBS in 2001 in order to gather information on youth assets in relation to youth risk taking behavior. The state of Maine also uses this indicator, however worded slightly differently - "Do you feel that in your community, you feel like you matter to people." Also, in response to assets research, MCHB Region One began to incorporate a philosophy that would address a population's assets in addition to a population's needs in for the 2005 Title V MCH Needs Assessment. Choosing an asset indicator for Priority Goal #5 is viewed as a strategy to operationalize the assessment of youth assets in addition to analyzing youth risk-taking behavior. A collaboration between Vermont and Maine allows these two states to measure the same youth asset. A New England-wide collaboration has begun to support other New England states to also include similar measures into their TV planning process.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 6

**PERFORMANCE MEASURE:**

Percent of Vermont towns with adequate facilities for community members to use for physical activity ie; sidewalks, walking trails, etc.)

**GOAL**

The goal will be to see improved facilities in 25% of towns in the 2010 survey compared to 2005.

**DEFINITION**

To be determined after results of community surveys are tabulated.

**Numerator:**

Number of towns with improved facilities

**Denominator:**

Number of towns participating in the survey

**Units:**    **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

none

**DATA SOURCES AND DATA ISSUES**

Data to be obtained from a survey being performed in 2005 by VDH and the University of Vermont Center for Rural Studies. VDH/CRS 2005 survey. What percent of towns will be surveyed? The survey has been sent to all Vermont town clerks, regional planners, parks and recreation and public works offices where they exist

**SIGNIFICANCE**

Attributes such as sidewalks, bike lanes, foot paths (hiking/walking trails), schools being open to the public after school hours, or local Farmer's Markets and play a role in the health of Vermont residents by being a barrier and/or enabling factor for people to make choices to be physically active or make healthy food choices. Moderate daily physical activity is essential to a healthy lifestyle yet many Americans, for numerous reasons lead sedentary lifestyles. Reasons include automated workplaces resulting in many jobs requiring workers to spend hours sitting at desks, use of automobiles for even short trips, diminishing recess and physical education programs, and increasing television and computer use. Another factor is that many communities, designed around the automobile, lack walkways and bikeways to safely accommodate non-motorists. Also in Vermont, the rural nature of the state often means children have long commutes to schools and few sidewalks along rural roads. A study in the December 2001 issue of the American Journal of Public Health finds that communities that build bicycling and walking trails, support exercise programs, and provide public areas such as parks and sidewalks can boost physical activity levels.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 7

**PERFORMANCE MEASURE:**  
**GOAL**  
**DEFINITION**

The number of claims submitted by primary care providers to Medicaid for an annual care plan for CSHN.  
To be determined

**Numerator:**  
The number of primary care providers participating the CSHN Medical Home Project who submit billing to Medicaid for an annual care plan for CSHN.  
**Denominator:**  
The number of primary care providers who are participating in the CSHN Medical Home Project.  
**Units:**    **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

none

**DATA SOURCES AND DATA ISSUES**  
**SIGNIFICANCE**

Medicaid claims data and CSHN Medical Home program data  
One of the goals for Vermont's CSHN Medical Home project with the CSHN program is to promote care coordination by encouraging clinical providers to prepare an annual care plan for their clients who are CSHCN and use Medicaid. Measurement of this activity can be accomplished via analyzing Medicaid claims data.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 8

**PERFORMANCE MEASURE:**

The percent of low income children (with Medicaid) that utilize dental services in a year.

**GOAL**

To prevent dental caries in children by the utilization of dental services.

**DEFINITION**

**Numerator:**

Number of Vermont children with Medicaid insurance who visit a dental office during a one-year period.

**Denominator:**

Number of Vermont children on Medicaid during a one-year period.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Medicaid data and data from Electronic Data Systems (EDS).

**SIGNIFICANCE**

The dental services utilization rate of children on Medicaid insurance in Vermont has been steady for the last 5 years at approximately 45 percent. If many of the remaining 55 percent can access dental services, the number of dental caries can be reduced through preventive measures.

**OBJECTIVE**

2006	2007	2008	2009	2010
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SP # 9

**PERFORMANCE MEASURE:**

The percent of children receiving mental health services whose care is coordinated and integrated.

**GOAL**

To be determined

**DEFINITION**

**Numerator:**

To be determined

**Denominator:**

To be determined

**Units:**   **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

none

**DATA SOURCES AND DATA ISSUES**

Program data

**SIGNIFICANCE**

Children with emotional or mental health issues benefit from a variety of programs and services designed to best meet their individual needs. A new method to measure service delivery is being developed by the mental health services in VDH. A "service integration ratio" would measure the percent of children jointly served by mental health, Department of Children and Families, and special education. The research on this ratio is being performed at the time of this writing. Over the next year, VDH will work to define this ratio for SPM # 9 or will create another measure to define the Goal of "Children and Families are emotionally healthy."

**OBJECTIVE**

2006	2007	2008	2009	2010
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**PERFORMANCE MEASURE:**  
**GOAL**  
**DEFINITION**

The percent of one year old children who are screened for blood lead poisoning.  
To be determined

**Numerator:**  
The number of Vermont one-year old children who are screened for blood lead levels.  
**Denominator:**  
The number of Vermont children who are one year of age.  
**Units:**    **Text:** 0

**HEALTHY PEOPLE 2010 OBJECTIVE**

To be determined

**DATA SOURCES AND DATA ISSUES**

Laboratory test results

**SIGNIFICANCE**

Lead is a highly toxic metal that can disproportionally affect young children. Vermont has the second oldest housing stock in the nation with about 60% built before 1978, the year lead paing was banned. Most Vermont children who become lead poisoned have ingested lead dust or lead from soil that has been tracked into their home. In 2004, 78% of one year-olds were tested for lead and, of those, 3% had elevated levels.

**OBJECTIVE**

2006	2007	2008	2009	2010
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